

REMIT TO:  
CT EAR NOSE THROAT ASSOC  
PO BOX 586  
WINDSOR, CT 06095  
  
ADDRESS SERVICE REQUESTED

Tel. (888) 903-7359

RESPONSIBLE PARTY NAME  
JAMES BENNETT  
177 SIGOURNEY ST  
HARTFORD, CT 06114  
  
ATTN:

PATIENT NAME ACCOUNT NUMBER  
JAMES BENNETT

STATEMENT  
STATEMENT DATE  
Nov 07, 2018

BALANCE  
481.42  
  
AMOUNT ENCLOSED  
  
  
CHARGES OR PAYMENTS  
MADE AFTER STATEMENT  
DATE WILL APPEAR ON  
NEXT STATEMENT.

MAILING ADDRESS  
CT EAR NOSE THROAT ASSOC  
PO BOX 586  
WINDSOR, CT 06095  
  
XREF: FCLS:

CHANTAL 11/7/2018 10:15 AM

DATE	CPT	DESCRIPTION OF SERVICES	PROVIDER	LOC	CHARGES	CREDITS	BALANCE
05/17/18	31575		PATEL	WET	689.00		245.77
05/31/18		AETNA HEALTH PLAN ADJ				443.23	.00
05/17/18	17250		PATEL	WET	127.00		73.31
05/31/18		AETNA HEALTH PLAN ADJ				53.69	.00
05/17/18	99203		PATEL	WET	247.00		162.34
05/31/18		AETNA HEALTH PLAN ADJ				84.66	.00

BALANCE SHOWN ON THIS INVOICE MAY NOT BE YOUR ONLY BALANCE DUE. CLIENT ID: 23000  
PLEASE CALL 888-903-7359 M-F BETWEEN 7:30AM-5:00PM WITH ANY BILLING QUESTIONS

FINAL NOTICE-IF PAYMENT IS NOT RECEIVED COLLECTION ACTION BEGINS.  
PAY YOUR BILL ONLINE AT [WWW.CTENTONLINE.COM](http://WWW.CTENTONLINE.COM)

REF1: ARSENEAULT, SARAH APRN AETNA HEALTH PLANS-MC/SC/PPO  
REF2:

ACCOUNT	CURRENT	OVER 30	OVER 60	OVER 90	OVER 120	BALANCE DUE
1	0	0	0	0	481.42	481.42

THANK  
You!

# Connecticut Ear, Nose & Throat Associates

## Financial & Office Policies

Thank you for choosing us as your healthcare provider. We care about our patient's physical and financial well being and welcome the opportunity to work with you on any billing issue that may arise. We have implemented a new financial and office policy stating our expectations and options for payment.

### Registration & Check-In

I understand that copays and past due balances are due at the time of check-in and I will come prepared to pay or be charged an additional \$10 for processing. I will also bring my current insurance card and driver's license to each visit to ensure my claims are sent to the appropriate insurance company and to protect my identity. I understand that if I arrive 15 minutes late for my appointment, I may be asked to reschedule so that other patients are not inconvenienced. I also understand that I will be charged a fee of \$50 if I no show for my appointment (\$75 for an office procedure) or cancel without giving 24 hours notice. I understand that two no-show appointments may result in my discharge from the practice. (Discharge from the practice is done at the discretion of the treating physician)

### Insurance Billing

Though Connecticut Ear Nose & Throat Assoc., P.C. accepts most insurance plans; I understand that it is my responsibility to confirm with my insurance company that the physician is currently under contract. I agree to be responsible for all copays, deductibles and non-covered services determined by my insurance plan.

### Insurance Referrals

If my insurance plan requires a referral to a specialist, I understand that I must obtain that referral prior to my scheduled visit. If the referral is not obtained, I understand that I have the option of rescheduling my appointment or paying for the visit out of pocket.

### Self Pay

If I am un-insured or do not have proof of insurance, I understand that full payment is expected at the time of service unless prior arrangements have been made.

### Patient Billing

I understand that I will be sent a single monthly statement followed by a reminder letter for services received. I will promptly pay all amounts determined to be my responsibility by my insurance carrier upon receipt of my statement. I give Connecticut Ear, Nose and Throat expressed written consent to place telephone calls to my home or cell phone in attempts to collect any outstanding balance(s). If my account is not paid within 90 days of the date of service, the practice may ask for the assistance of an outside collections attorney. If my account is referred to a collections attorney, I may be dismissed from the practice and will be responsible for any reasonable cost of collection including credit checks, court costs and attorney's fees. If I have any questions regarding my bill or have a financial hardship, I will call the office to make other arrangements. I understand that if my check is returned, I will be charged a fee of \$25.00.

### Surgical and Office Procedures

I understand that my insurance company may not cover the entire cost of procedures rendered in the office or in the operating room. Some insurance companies apply an additional copay to hearing tests. If it is determined that there will be a significant out of pocket expense for my procedure, I understand that I will be asked to either make a prepayment or schedule of payments using Connecticut Ear Nose & Throat Assoc., P.C.'s card on file system. I understand that my credit card or checking information will be secured by the office.

I have read, understood and agree to abide by the terms stated in the above financial and office policy.

Name James S. Bennett

Patient (or Parent/Guardian) Signature 

Date 5/17/18

**INSTRUCTIONS TO DEFENDANT  
(NOTICE TO PERSON BEING SUED)**

JD-CV-121 Rev. 7-12

Please read the instructions carefully.

For more information, get a copy of *HOW SMALL CLAIMS COURT WORKS* (form JDP-CV-45) from the Clerk's Office or from our website at [www.jud.ct.gov/faq/smallclaims.html](http://www.jud.ct.gov/faq/smallclaims.html).

**What Do I Have To Do To Defend This Case?**

The person suing you (the Plaintiff) delivered to you (served you with) a copy of the Small Claims Writ and Notice of Suit; and related documents, if any. The plaintiff will now file the Small Claims Writ and Notice of Suit and related documents with the court. The court will send you an Answer form and a Counterclaim form with the number the court assigns to the case, called the "docket number" of the case, and the date you must file your Answer, and Counterclaim if you make one, by. The Answer form and the Counterclaim form should be sent to you soon but it could take up to 6 weeks depending on when the plaintiff files the case with the court.

The Answer is your response or reply to the plaintiff's claim. If you claim the plaintiff owes you money, this is called a Counterclaim. There is a \$90.00 fee to file a Counterclaim. Your Answer, and your Counterclaim if you make one, should be specific but brief. Fill out the entire Answer form, and the Counterclaim form if you make a Counterclaim, and sign them. Keep a copy of each for yourself and send a copy to each attorney or other representative of the plaintiff, or if the plaintiff is representing himself or herself, to the plaintiff. Send the original Answer form to the court by mail, fax or hand delivery at the address or fax number shown below on or before the answer date. If you make a Counterclaim, mail the original Counterclaim with the \$90.00 fee to the court or hand deliver them to the address shown below on or before the answer date. You cannot fax a Counterclaim and its filing fee to the court. Please be sure to give us any change of your address.

Do not answer until you get the Answer form and Counterclaim form from the court but if you do not get an Answer form and Counterclaim form within 6 weeks of being served, contact the court to ask why. If you do not file an Answer in writing with the court, a money judgment could enter against you. This is called a default judgment.

You may make an agreement with the plaintiff before the plaintiff files the lawsuit in court or at any time before the court enters a judgment. You may hire a lawyer to represent you if you want to.

You can find helpful information on our website at: <http://www.jud.ct.gov/faq/smallclaims.html> and you may check the status of your case after it has been given a docket number at: [http://www.jud2.ct.gov/Small\\_Claims/](http://www.jud2.ct.gov/Small_Claims/).

If you have any questions, you can visit or call the Centralized Small Claims Office at 80 Washington Street, Hartford, CT 06106. The telephone number in the Hartford area is 860-756-7800. The toll free telephone number in Connecticut is 866-383-5927. The fax number is (860) 756-7805.

You do not need an attorney even if the plaintiff has one. However, you can have an attorney if you want to hire one.

If you want to use the regular rules of court in this case or if you want the right to appeal this case, you must file a motion to transfer the case to the regular civil or housing docket of the superior court. You may need an attorney to help you in filing that motion and you will have to pay fees to file it. The motion to transfer must be filed, in writing, with an affidavit and with the correct fees, on or before the answer date.

**What Happens If I Do Not File An Answer?** If you do not file an Answer, the file will be reviewed by a magistrate who will decide whether a judgment can enter without a hearing for the full amount of the claim plus court costs, or if a trial needs to be scheduled.

**What Happens If I File An Answer?** If you file an Answer, do not go to court on the answer date. After the court receives your Answer, a trial will be scheduled if one is required. Cases are scheduled for trial as quickly as possible.

**What Should I Do If The Plaintiff Owes Me Money?** If you claim the plaintiff owes you money, this is called a Counterclaim. Explain how much the plaintiff owes you and why on the Counterclaim form. Fill out the entire Counterclaim form and sign it. Keep a copy for yourself and send a copy to each attorney or other representative of the plaintiff, or if the plaintiff is representing himself or herself, to the plaintiff. Mail the original Counterclaim form with the

**\$90.00 fee to the court or hand deliver them to the address shown above on or before the answer date. Please be sure to give us any change of your address.**

**What If I Know I Owe The Plaintiff Some Money?** If you know you owe the plaintiff something, but you do not agree with the amount the plaintiff is asking for or you are not sure how much you owe the plaintiff, you should file a written Answer. This gives you a chance to come to court for a trial to question how the plaintiff added up the amount claimed.

**What Should I Do If I Admit That I Owe The Plaintiff The Whole Amount?** If you are sure that you owe the whole amount but you want time to pay, you must file an Answer not later than the Answer date, stating that you want time to pay the claim and why you are asking for the extra time to pay. You may ask for a period of time during which you can make payments that you suggest. If you do not, and you are an individual, the court will enter a judgment with an order of payments of \$35.00 each week until the judgment is paid. If you ask to pay less than \$35.00 per week and the plaintiff does not agree, a trial will be scheduled.

A judgment against a business entity, for example, a corporation, or a judgment against a landlord for return of a security deposit, will be ordered paid in the full amount. This will be entered as a judgment of the court.

If you pay the plaintiff/plaintiff's attorney the full amount owed plus costs, if any, before the answer date, tell the court on the Answer form. **Do not send payment(s) to the court.**

**Where And When Do I Have To Go To Court?** If a trial is required, you will be sent a notice of the date, time and place of the trial. Even if you filed an Answer or a request for time to pay, the court can enter a judgment against you if you do not come to court on the date and time set for the trial.

**What Do I Need To Bring To Court?** On the day of the trial, you must bring all your witnesses and evidence (bills, invoices, checks) to court with you. This includes any defective or damaged goods that can be brought to court safely and easily, estimates of damages, pictures, and anything else that you want the court to look at. Be complete and organized in your case. **A small claims judgment cannot be appealed.**

#### **ADA Notice**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA/](http://www.jud.ct.gov/ADA/).